



NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework _____ Scrap _____ Use-as-is _____ Work Order Update _____		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube _____ Machining _____ Thermoforming _____ Large Fab _____ Crosstube _____ Small Fab _____ Finishing _____ Composite _____ Water Jet _____ Prod. Eng. Coor. _____ Rec/Store/Packaging _____ Supplier _____ Engineering _____ Quality _____ Other _____								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
<b>FAULT CATEGORY</b>														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 94755

\*94755\*

Page 2

December-20-12 8:43:07 AM

Item ID: D4016-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Hinge Half, Lid

Stop

\*NS2\*

Start Date: 12/24/12 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Memo

0.00

8

DAS  
25  
8-89 B-01-15

Quality Control

130

QC8- Inspect parts - second check

0.00

or 13/01/18

\*130\*

QC

Memo

0.00

8

Quality Control

160

Identify as per dwg & Stock Location: 42004 0.00

\*160\*

Packaging

Memo

0.00

143/01/18 (E)

Packaging

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Work Order Update	Rework	Skid-tube	Crosstube	Water Jet	Engineering									
NCR No. _____	Scrap	Machining	Small Fab	Prod. Eng. Coor.	Quality	Quality									
	Use-as-is	Thermoforming	Finishing	Rec/Store/Packaging	Other	Other									
		Large Fab	Composite	Supplier											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 94755

\*94755\*

Page 3

December-20-12 8:43:07 AM

Item ID: D4016-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Hinge Half, Lid

Stop

\*NS2\*

Start Date: 12/24/12 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

170

\*170\*

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/01/22 JJ

fl 13-01-16

NCR: Yes / No

DQA: Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Root Cause</b> Doc/Data Equip/Tooling Operator Material Setup Other Process Supplier Training Unapproved		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	<b>Action Description</b>		Sign & Date	Verification	QC Inspector

# Picklist Print

December-20-12 8:43:07 AM

Page 1

Work Order ID: 94755

Parent Item: D4016-3

Parent Item Name: Hinge Half, Lid

Start Date: 12/24/12

Required Date: 1/11/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE 09-11-27 JL VERIFIED BY:DD  
10.02.22 verified by:EC IPP Rev:B as per dwg REV.A DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304B1.000X1.000 304 bar 1.00 x 1.00		Purchased	No			100	f	10.9800	0.08	0.673684			

Location	Loc Qty	Loc Code
MAT049	10.98	
122008	10.98	

.68 or 13/01/15

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	<i>94755</i>
<b>Description:</b> Hinge Half, Lid	<b>Part Number:</b>	<b>D4016-3</b>
<b>Inspection Dwg:</b> D4016 <b>Rev:</b> A		<b>Page 1 of 1</b>

## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>JK</u>	Audited by:	<u>cmf</u>	Preliminary Approval:	
Date:	<u>13-01-15</u>	Date:	<u>13/01/16</u>	Date:	

Rev	Date	Change	Revised by	Approved
A	10.06.07	New Issue	KJ	 

8 7 6 5 4 3 2 1

D

D

C

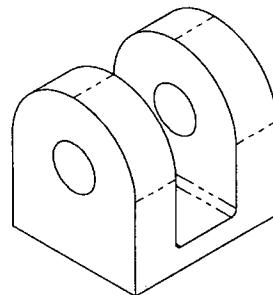
C

B

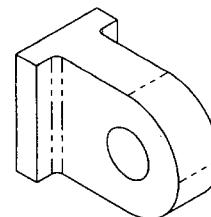
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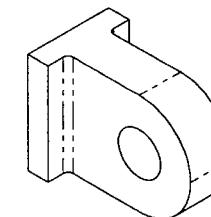
A



D4016-1 HINGE HALF, BASE



D4016-3 HINGE HALF, LID



D4016-5 HINGE HALF, LIGHT LID

RELEASED  
2010-02-16  
JPH

A	NEW ISSUE		JPH	10.01.29
REV.	DESCRIPTION		BY	DATE
DESIGN	AJS	<b>DART AEROSPACE LTD</b>		
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA		
CHECKED	PP	DRAWING NO.		REV. A
MFG. APPR.	AS	D4016		SHEET 1 OF 2
APPROVED	PP	TITLE		SCALE
DE APPR.	PP	BASKET HINGE		NTS
DATE	10.01.29		COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD. IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

8 7 6 5 4 3 2 1

8

7

6

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4

3

2

1

D

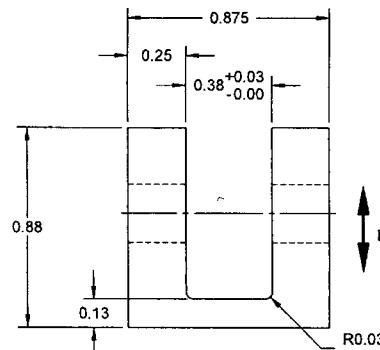
D

C

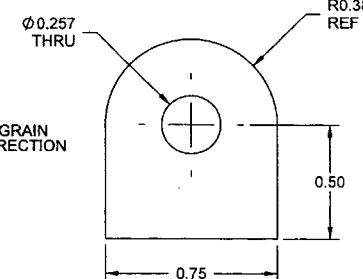
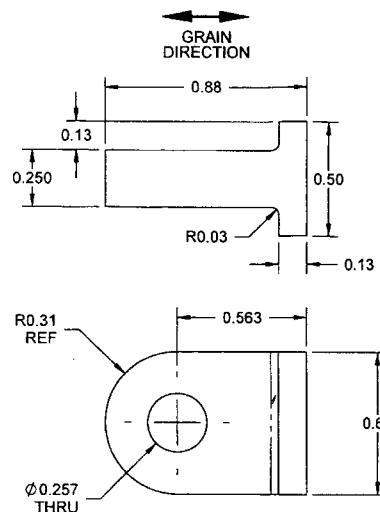
C

B

B



GW155

D4016-1 HINGE HALF, BASED4016-3 HINGE HALF, LIDD4016-5 HINGE HALF, LIGHT LID

## NOTES:

1) MATERIAL -1 & -3: 304/316 STAINLESS STEEL BAR, PER ASTM A276  
REF DART SPEC M304B

-5: 6061-T6/T651/T6510/T6511/T62 ALUMINUM BAR,  
PER QQ-A-225/8 OR AMS-QQ-A-225/8 (OR AMS4117/4128/4115/4116)  
OR QQ-A-200/8 OR AMS-QQ-A-200/8 (OR AMS 4160)  
OR ASTM B211 OR ASTM B221  
REF DART SPEC M6061T6B

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: NONE

7) WEIGHT -1: 0.09 lbs

-3: 0.04 lbs

-5: 0.01 lbs

DESIGN	AJS	DART AEROSPACE LTD	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>RR</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>RR</i>	D4016	SHEET 2 OF 2
APPROVED	<i>RR</i>	TITLE	SCALE
DE APPR.	<i>RR</i>	BASKET HINGE	NTS
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RELEASED  
2010-02-16  
*AM*